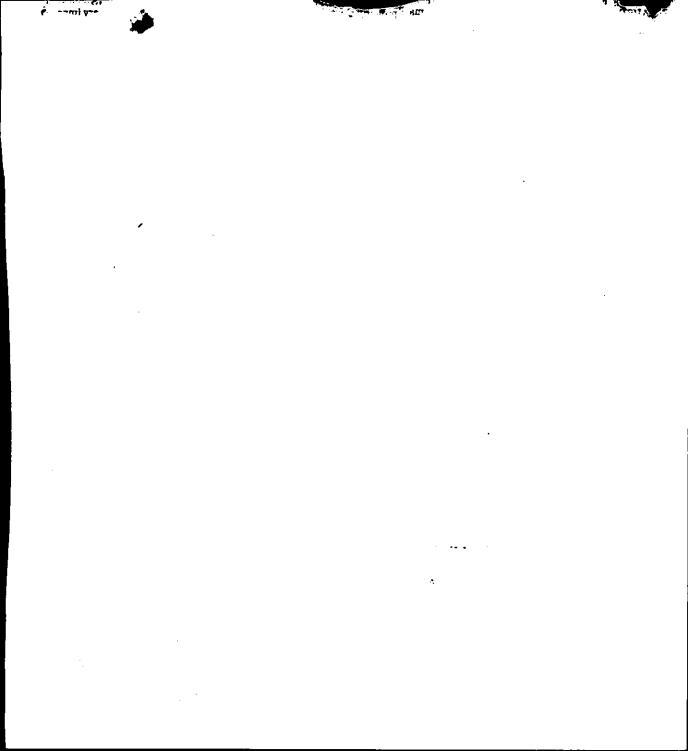
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 40586/·1. PLACE OF DEATH Registration District No..... id. Exact statement of OCCUPATION is (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED, OR 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED OR DIVORCED **HUSBAND OF** (OR) WIFE OF to have occurred on the date stated above, at//.....m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March property classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 DAYS 7. AGE YEARS MONTHS day,brs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... '9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at Other contributory causes of importance: this occupation (month and occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... 19. UNDERTAKER Registrar



	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
1. PLACE OF DEATH County Township Township City 2. FULL NAME TOWNSHIP	Primary Registrati	ion District No. 54/5	File No
(a) Residence, No(Usual place of abode) Length of residence in city or town when	e death occurred yrs. mos.	(If no	president, give city or town and State) eign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (torite the word)		21. DATE OF DEATH (MONTH, DAY, AND YEAR)	
5a. IF MARRIED, WIDOWED, OR DIVORCED	1 777	2. I HEREBY CERT	IFY, That I attended deceased from
HUSBAND OF (OR) WIFE OF			, to, 19
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		to have occurred on the bate stated a	, 19, Death is said
7. AGE YEARS MONTHS	DAYS If LESS than 1 day,brs. ormin.	The principal cause of death and rel	sted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	11. Total time (years) spent in this	Other contributory causes of importan	g Vulvas
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)			1
13. NAME 14. BIRTHPLACE (CITY OR TOWN)		11 ar	Date of
(31/1124/144/17)			was there an autopsy?ss (vidence), fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)		Accident, suicide, or homicide? Where did injury occur?	Date of injury, 19
17. INFORMANT	<u>V</u>		
(ADDRESS) 18. BURIAL, CREMATION, OR REMOVALE		Manner of injury	
PLACEDATE			related to occupation of deceased?
19. UNDERTAKER(ADDRESS)	1	If so, specify	, M. D.
20. FILED 19 19	Registrari V	(Address)	
<u> </u>	7. 5		····

5-40584